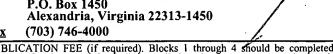
## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE Commissioner for Patents P.O. Box 1450



or Fax INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed wh

	E ADDRESS (Note: Legibly mark-up	with any corrections or use E	Fee(s) Transmittal	Note: A certificate of mailing can only be used for domestic mailings of Fee(s) Transmittal. This certificate cannot be used for any other accompany papers. Each additional paper, such as an assignment or formal drawing, m have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the Un States Postal Service with sufficient postage for first class mail in an envel addressed to the Mail Stop ISSUE FEE address above, or being facsim transmitted to the USPTO, on the date indicated below.		
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APPLICATION NO.	FILING DATE		ST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/690,591	10/18/2000		Naomasa Shiraishi	107629	2556	
FITLE OF INVENTION: E	XPOSURE METHOD AND	APPARATUS, AND	METHOD OF FABRICATING A DE	EVICE .		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1330	\$0	\$1330	03/05/2004	
EXAM	INER .	ART UNIT	CLASS-SUBCLASS			
BROWN, KHALED		2877	355-030000	_		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
CFR 1.363).  Change of corresponded Address form PTO/SB/1.  "Fee Address" indicati PTO/SB/47; Rev 03-02	. ence address (or Change of 0 22) attached. on (or "Fee Address" Indica	Correspondence for tion form	names of up to 3 registered patent agents OR, alternatively, (2) the name firm (having as a member a register agent) and the names of up to 2 reg attorneys or agents. If no name is li	t attorneys or 1 OLIF ne of a single ed attorney or 2 gistered patent	· · · · · · · · · · · · · · · · · · ·	
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Reg. Klifton No. NOTE; The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

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